

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION**

CENTER FOR SUBSTANCE ABUSE TREATMENT

**GRANTS FOR EVALUATION OF OUTPATIENT TREATMENT MODELS FOR
PERSONS WITH CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH
DISORDERS**

Short Title: The Co-Occurring Disorders Study

Guidance for Applicants (GFA) No. TI 00-002

Part IC Programmatic Guidance

Catalog of Federal Domestic Assistance No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 USC 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Treatment will accept applications in response to this Guidance for Applicants for the single receipt date of May 23, 2000.

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Date of Issuance: FEBRUARY 2000

Part I PROGRAMMATIC GUIDANCE

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[Note to Applicants: In order to prepare an application, PART II, A General Policies and Procedures Applicable to All SAMHSA Applications for Discretionary Grants and Cooperative Agreements (February 1999 edition), must be used in conjunction with this document, PART I, A Programmatic Guidance.]

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SECTION IC OVERVIEW

More information is needed on how best to provide substance abuse treatment (including alcohol and other drugs) that is effective in terms of both individual outcomes and cost for persons with co-occurring disorders. Information is also needed about the effectiveness of existing treatment models. The primary goal of The Co-Occurring Disorders Study is to identify currently existing models of substance abuse treatment for persons with co-occurring substance abuse and mental health disorders that, when evaluated for client outcomes and cost, under a rigorous study design, demonstrate effectiveness. After the grants funded under this GFA are completed, documentation for these models will be developed, and those programs identified for replication, as judged by an independent panel of experts, will be invited to exhibit at a conference to disseminate their findings and showcase their models.

PURPOSE

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds for grants to identify effective substance abuse treatment projects or models of care that show promise for replication elsewhere. In fiscal year 2000, grants will be made to identify promising projects that provide substance abuse treatment services for persons with co-occurring substance abuse and mental health disorders.

This program, hereinafter referred to as **The Co-Occurring Disorders Study**, solicits applications for projects that will identify, refine, test, and document approaches and procedures for delivery of substance abuse treatment services within outpatient substance abuse treatment agencies to persons with co-occurring substance abuse and mental health problems. **Funds are available for evaluation and documentation purposes and may not be expended to provide treatment services.**

For purposes of this GFA, **A**substance abuse treatment agency**@** means:

- \$** an outpatient service delivery unit whose primary purpose and goal is to treat substance abuse problems. Such an entity must either focus on co-occurring mental health problems, or address them as they are identified in assessment or occur during the course of substance abuse treatment. The mental health disorder may either be secondary to the substance abuse or a primary condition on its own; **and** the mental health disorder may either be addressed within the substance abuse treatment service delivery unit or by referral or other cooperative or coordinative arrangement with another treatment resource.

For purposes of this GFA, **A**co-occurring disorders**@** means:

- C the simultaneous existence of a substance abuse disorder and a non-substance abuse DSM IV Axis I or II mental disorder; and
- C the mental disorder is of a type and severity that exacerbates the substance abuse disorder and/or complicates treatment of the substance abuse disorder.

The Co-Occurring Disorders Study is a **A**Knowledge Development Activity.[@] Its primary purposes are to develop new knowledge about the provision of services to persons with co-occurring disorders through use of rigorous evaluation designs, and to develop products that will be useful to the treatment and evaluation fields in improving service delivery and advancing the study of service delivery. Applicants are expected to develop study questions significant to the field, to employ rigorous designs to answer the questions, and to develop products that inform policy makers, funding sources, treatment providers, and evaluators about co-occurring disorders and their treatment.

This initiative focuses on evaluation; however, CSAT expects that some tangible benefit will accrue to the participating substance abuse treatment provider(s) in the form of enhanced staff capabilities, well-grounded approaches and techniques of treating persons with co-occurring disorders, well integrated evaluation and monitoring approaches, and improved linkages and working relationships with mental health and other service providers in the community.

ELIGIBILITY

Applications may be submitted by units of State or local government, Indian Tribes and tribal organizations, and by public and private domestic nonprofit and for-profit entities such as community-based organizations, universities, colleges, and hospitals. If the applicant is not the provider of substance abuse treatment services **C**the site for observations and data collection **C**the applicant must have a documented working relationship with the treatment provider. The proposed service provider must at a minimum:

1. Have been providing outpatient substance abuse treatment services for the target population(s) for a minimum of two years prior to the date of the application. Documentation of two years of operations must be provided in Appendix 1, entitled, **A**Two-Year History/Data Collection History Documentation.[@] SAMHSA believes that only substance abuse treatment providers that have been providing services, based on their model, for a minimum of two years have the expertise and infrastructure to support the rigorous evaluation called for in this GFA;
2. Have been collecting data on clients in the target population(s) that include admission, course of treatment, outcome, and follow-up for at least two years

(Data collection history must be included in Appendix I, ATwo-Year History/Data Collection History Documentation.@); and

3. Have been in compliance with all local, city, county and/or State licensing and/or accreditation/certification requirements. Licensure and any documentation of accreditation/certification (or a statement that licensure is not required by the local/State government) must be provided in Appendix 2, entitled, ALicensure/Accreditation/Certification Documentation.@

AVAILABILITY OF FUNDS

It is estimated that \$3 million will be available to support approximately nine awards under this GFA in fiscal year 2000. Awards are expected to range from approximately \$300,000 to \$400,000 in total annual costs (direct plus indirect). No award in excess of \$400,000 will be made. Actual funding levels and the number of awards will depend upon the availability of appropriated funds.

PERIOD OF SUPPORT

Support may be requested for a period of up to three years. Annual awards will be made subject to continued availability of funds and progress achieved.

SECTION IIC PROGRAM DESCRIPTION

BACKGROUND INFORMATION

People with co-occurring addictive and mental disorders are a large and significantly underserved population in this country. Based on the Epidemiologic Catchment Area (ECA) survey and the National Comorbidity Survey, about 10 million persons in this country will have at least one diagnosable mental disorder and one co-occurring substance abuse disorder in any year. These persons experience multiple health and social problems and require services that cut across several systems of care, including substance abuse, mental health, and primary health care services, as well as a host of social services. Many people with co-occurring disorders are homeless or involved in the criminal justice system. None of these systems of care is, on its own, well equipped to serve persons with co-occurring addictive and mental disorders, though new evidence is emerging from the research community about effective services that can have substantial positive outcomes for people with co-occurring disorders. Most of this research is focused on people with serious mental illness and severe co-occurring addictive disorders. To achieve maximum service system effectiveness and efficiency, we need to identify and evaluate effective models for treating persons across the range of severity and functional impairment seen in co-occurring disorders. Current practice in the treatment of persons with co-occurring substance abuse and mental health problems over the range of psychiatric, social, medical, legal, and environmental aspects of the joint disorders is largely piecemeal, and tends to

emphasize their more serious diagnostic and symptomatologic presentations. Both mental health and substance abuse treatment providers address comorbidity in their usual day-to-day operations, but must rely on ad hoc service arrangements and patchwork financing in order to meet their patients' needs. These needs may change from minimal to life-saving; may present differently in persons of different age, gender, sexual orientation, disability (either physical or cognitive), lifestyle, race/ethnicity, housing, and socioeconomic status; and may or may not relate directly to the current treatment assessment of psychiatric and/or substance abuse status. Treatment systems are further challenged at times by the complications presented by their patients—for example, additional DSM-IV diagnoses (especially some of the severe personality disorders); physical, medical, or cognitive deficits; and/or complicated, emergent, or serious situational challenges in the patient's family or other personal areas. The great variety of techniques, knowledge, skills, and organizational resources that must be available for comprehensive treatment of even a moderate range of co-occurring conditions requires insights and procedures that must be greatly enhanced over what is available now in the field of substance abuse treatment.

SAMHSA's program and policy work has continually reached toward, and has now attained, the experience, relationships, and knowledge that forms the base for this important initiative. For example, CSAT and CMHS continue their National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders with the States, in collaboration with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD). This effort has produced a White Paper which presents a framework for conceptualizing the main dimensions of co-occurring disorders—severity, locus of care, and degree of coordination of services. A consensus has been reached in the belief that services for people with co-occurring disorders must be available and accessible wherever, and whenever, the person enters any service system—a “no wrong door” approach. The White Paper provides recommendations for further work in changing the health care system to meet the needs of people with co-occurring mental and substance abuse disorders at State and local levels; the recommendations are directed to the Federal, national association, and State levels.

Other groups working in this area include the SAMHSA Advisory Council's Subcommittee on Addictive and Mental Disorders, and SAMHSA's Staff Workgroup on Co-Occurring Disorders. The Advisory Council has adopted a resolution proposed by the Subcommittee committing it to an emphasis on co-occurring disorders and encouraging SAMHSA's continuing work in this area. SAMHSA has developed two relevant position papers—on treatment for persons with co-occurring addictive and mental disorders, and on the utilization of the mental health and substance abuse block grants for provision of treatment services to persons with co-occurring substance abuse and mental health disorders. Several program efforts address co-occurring

disorders: the SAMHSA Women and Violence Study, a new CMHS/CSAT program for the State of Alaska to develop a seamless system of care, the CMHS/CSAT Collaborative Program to Prevent Homelessness, and the national CMHS/CSAT GAINS Center for People with Co-Occurring Disorders in the Justice System. Other SAMHSA programs include co-occurring disorders in their scope; for example, studies of service delivery and environments, organizational aspects of service delivery, and special population projects. CSAT has issued two publications that are now in use in the field:

- C **A**Coordination of Alcohol, Drug Abuse and Mental Health Services,@ SAPT Block Grant Technical Assistance Publication Number 4; and
- C **A**Assessment and Treatment Planning for Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse,@ Treatment Improvement Protocol Number 9.

TARGET POPULATIONS

The Co-Occurring Disorders Study program targets the following groups of persons with co-occurring substance abuse and mental health disorders. Applicants must address cultural competency issues relative to the targeted population. Applicants may propose, in a single application, to study one or more target populations of which they have knowledge and experience, including groups not listed here, with justification:

- C adolescents;
- C persons under criminal justice supervision;
- C persons residing in rural areas;
- C persons living alone;
- C triply-diagnosed persons (e.g., dually diagnosed persons with HIV/AIDS, physical or sensory impairment or disability, or with a chronic disease);
- C elderly persons;
- C lesbian/gay persons;
- \$ homeless persons and families;

- C persons whose co-occurring conditions are particularly challenging to substance abuse treatment providers, e.g., certain combinations of psychiatric conditions and substances; need for medication or other special oversight.

CONTRIBUTION TO THE FIELD

CSAT designed this program to expand and enhance the knowledge and practice base of the field of outpatient substance abuse treatment in its theoretical, clinical, and managerial aspects. The knowledge and practice base includes such diverse activities as

Identification of:

- C Models of substance abuse treatment for persons with co-occurring substance abuse and mental health disorders that, when evaluated for client outcomes and cost, under a rigorous study design, demonstrate effectiveness. This may include knowledge regarding the relative effectiveness of treatment within substance abuse treatment service delivery unit versus a referral or other cooperative or coordinative arrangement;
- C Challenges to treatment, case management, administration, and fiscal management posed by multiple funding sources;
- C Costs and cost effectiveness of treatment;
- C Information on how to develop effective working relationships and linkages between the various service delivery sectors involved in the treatment of co-occurring substance abuse and mental disorders.

Products and materials to be developed or enhanced, and tested:

- C Manuals for treatment of co-occurring disorders suitable for outpatient substance abuse treatment staff;
- C Assessment and diagnostic approaches for detection, monitoring/case management, and evaluation of co-occurring conditions in settings primarily geared to the treatment of substance abuse;
- C Cross-training curricula and materials suitable for skills development and enhancement of substance abuse treatment counselors working in outpatient environments;
- C Methods of assessing and tracking the costs of treatment of persons with co-occurring disorders;

- C Reports on evaluation/testing of approaches to assessment, treatment, case management, and administrative management of outpatient substance abuse treatment providers serving persons with co-occurring substance abuse and mental health problems, and their associated costs;
- C Technical papers, journal articles, and conference presentations;
- \$ Other useful products and materials.

PROGRAM PLAN

Goal:

More information is needed on how best to provide substance abuse treatment (including alcohol and other drugs) that is effective in terms of both individual outcomes and cost for persons with co-occurring disorders. Information is also needed about the effectiveness of existing treatment models. The primary goal of this initiative is to identify currently existing models of substance abuse treatment for persons with co-occurring substance abuse and mental health disorders that, when evaluated for client outcomes and cost, under a rigorous study design, demonstrate effectiveness. After the grants funded under this GFA are completed, documentation for these models will be developed, and those programs identified for replication, as judged by an independent panel of experts, will be invited to exhibit at a conference to disseminate their findings and showcase their models.

CSAT is particularly interested in projects, and models of treatment, that provide substance abuse treatment for persons with co-occurring disorders that is gender-specific and developmentally appropriate for the group being served. Further, persons with cognitive/physical disabilities are often overlooked as populations with risk factors for substance abuse; however, they face all the issues and problems of non-disabled abusers. Where possible, CSAT also encourages involvement in treatment of the family and other persons with significant relationships (family, friends, etc.) with the patient.

Timeline:

The projects contemplated under this GFA are intended to be results- and product-oriented. While details of project implementation will, and should, vary considerably between and among projects, the basic project design must provide adequate time for the developmental/start-up activities at the beginning of the project, and for the final preparation of products at the end.

Methodology and Evaluation:

All projects are expected to focus on the quality and extent of their data/information

collection, instruments, processing, analysis, and interpretation. It is understood that the specific measures, data items, collection approaches, indicators and parameters, will have to be, to some extent, unique and appropriate for each project, and attuned to its purposes, goals, and objectives. Applicants should carefully craft their responses to Part B of Section III, below, to demonstrate clearly the primacy of this aspect of the project.

General Project Requirements:

Projects receiving awards under this GFA must agree to

1. Permit an evaluation of the model during the project by an independent panel of experts that will assess the quality of the model. The panel of experts will focus on individual client outcomes, process measures, utilization, service delivery, quality and cost. The model will be judged independently for its own merit and its potential for replication.
2. Use the data collection instruments listed below, with possible minor changes. These instruments are mandated for use in the evaluation. The project activity being evaluated should continue using its current instrumentation to ensure that its clinical decisions and model are not affected by these evaluation instruments. The instruments are available on the World Wide Web. The assessment and follow-up instruments provide an integrated bio-psycho-social model of treatment assessment, planning and outcome monitoring that can be used for evaluation purposes. The psychometric properties of the instruments can be found at the web sites cited below. Ongoing validation will be enhanced through use of data from this grant program. While there appears to be no perfect instrument (i.e., measures all appropriate domains, and is validated on all populations that may be part of this study), the instruments listed below come closest to providing the information that CSAT needs, while also allowing for case-mix adjustment and comparison with other CSAT projects.
 - A. Intake/Discharge The Treatment Episode Data Sets (TEDS) for Admissions Data and Discharge Data developed by the SAMHSA Office of Applied Studies, Minimum Data Set.

<http://www.dasis.samhsa.gov/teds97/id3.htm> is the address of the table of contents, and Appendix A contains the specifics of the TEDS data sets.
 - B. Assessment Global Appraisal of Individual Needs-Initial (GAIN-I) (<http://www.chestnut.org/li/gain>); and
 - C. Follow-up Global Appraisal of Individual Needs-Monitoring (GAIN-M90). Follow-up will occur, at a minimum, at 6 and 12 months post

admission. The definition of minimum dose to constitute admission will be provided prior to the beginning of grant activities, and may differ based on type of treatment intervention (<http://www.chestnut.org/li/gain>).

3. Document the model treatment approach for purposes of replication.
4. Carry out an appropriate analysis of the costs associated with the proposed approach/project. Cost data will be collected based on the accounting approach developed by CSAT's contractor. (CSAT is now seeking the necessary OMB approval for the cost data collection.)
5. Collaborate with a CSAT contractor who will provide technical assistance, as needed, and perform the following functions:
 - A. Assist in performing the cost analysis of the project/model based on the accounting approaches developed by CSAT, with access to the project's financial and other relevant data as needed; and
 - B. Collect all of the products from the project. The information collected by the contractor from the grantee, and the products produced by the contractor will be packaged and presented by the contractor to an independent panel of experts to assist in its overall assessment of the model.

SECTION IIIC PROJECT REQUIREMENTS

Applicants must provide the specified information in the order prescribed. The information requested in this section relates to the review criteria for this program, which may be found in Section IV of this document.

At the beginning of this section of your application, provide a Project Summary, to be used in publications, reporting to Congress, press releases, etc., should the project be funded. The Summary must be 5 lines or less, 72 characters per line. (Alternatively, the Summary may comprise the first 5 lines of the Project Abstract.)

A. PROJECT DESCRIPTION

Documentation of Problem

Specify the problem to be addressed by your proposed project, stating clearly the relationship with the project goals and objectives, and with the target population(s) and their needs. Provide descriptive background to the problem, so that it is clear that your experience with this problem is substantial and your perception of it as a

problem is well-grounded. Cite prior attempts by you or others to address the problem, the troublesome effects of the problem, and the costs of not solving the problem in terms of allocation of resources (especially staff and funds) and negative effects on the target population(s) and their service providers. Provide detail, and give quantitative information when possible. Integrate findings and conclusions from the relevant literature into your project description.

Provide relevant literature review/supporting documentation and data that reflect the current state of knowledge regarding culturally competent services in this area and appropriate discussion that demonstrates how the referenced citations relate to the design being proposed and the population(s) to be served.

Describe how the proposed approach will address the problem and resolve it, and present your estimates of the costs of implementing the program successfully. Cite the dollar and intangible costs of implementing the approach, in terms of revised program organization, procedures, funding, and relationships.

Target Population(s):

Define the target population(s) whose needs are to be addressed by the proposed project. Specify the attributes of the population(s), and of their substance abuse and mental health problems which pose difficulties in substance abuse treatment; and provide details of these attributes, with examples. Describe the service arrangements necessary when treating the substance abuse problems of persons with co-occurring disorders in an outpatient setting.

If the proposed project intentionally excludes any of the populations mentioned in the SAMHSA Population Inclusion Requirement (see Part II), a justification of the exclusion must be included unless the program specifically targets a particular group by design.

Purpose and Goals:

Provide a logic model of the proposed project, showing the logical progression from overall purpose(s) through goals and objectives to final results and products. Intermediate elements should indicate essential project components and activities, types of resources allocated to them, measures associated with them, and relationships with final results and products. Include a narrative statement of the goals and objectives and relate them back to the problem being addressed. Describe and justify the contributions to the field should the project be successful, including discussion of how the field would be advanced, what innovations would be developed and tested, and/or how treatment capacity would be expanded.

B. PROJECT PLAN

Project Approach:

Describe and justify the proposed project approach.

Provide strategies for involving the target population(s) or key stakeholders, including consumers and families, in the initial design, and how they will participate throughout the implementation of the project.

Clearly state how the proposed design will meet the needs of the target population(s) in the target area, how it will appropriately address age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues in the proposed activities.

Applicants must specify and document the linkages with other service and/or treatment providers, and show how these linkages are appropriate for the nature and needs of the target population(s), and the proposed model.

Methodology/Evaluation:

As appropriate, applications should include flow charts or additional logic models to illustrate current and proposed systems of care for co-occurring disorders treatment service delivery, and/or to show how measures, data/information, and collection points and sources will be related. For study/analysis of costs, show funding streams and management in relation to delivery of services and case management, if appropriate.

Describe and justify the proposed measurement process, including sample size, power, pre/post test, test-retest, comparison group, to ensure reliability and validity of expected results. Demonstrate the use of culturally competent instruments and strategies. Describe how instruments and approaches will be adapted to the needs of the proposed project, and how the adaptations will be validated. Describe strategies for documenting the project for future replication. Describe and provide the rationale for the specific measures, both independent and dependent, to be used to address the evaluation question, except for the mandated instruments.

The applicant must specify how members of the target population(s) will be identified, recruited and retained in the proposed project, and how these approaches are appropriate for the culture and nature of the population(s) involved.

Data Collection, Analyses, and Reporting:

Specify what data will be collected to demonstrate results and accomplishment of the purpose and goals of the project and program. Examples of possible study variables include cost of illness, functioning in activities of daily living, factors for decision making by providers and consumers, different patterns of service use, effective knowledge dissemination, and case management approaches. Example of possible services variables include cost effectiveness, quality of delivery, accessibility,

utilization, organization structure, staffing patterns, cost benefit of treatment/prevention, and client outcomes. The applicant must describe how the project will develop and deliver the required GPRA data (Appendix A).

Address culturally appropriate data collection strategies; present the staff training and supervision associated with culturally competent data collection. Demonstrate how the target population(s) or key stakeholders will be involved in the interpretation of the data.

Describe how the data will be managed and analyzed to provide reliable and valid findings, and how adherence/fidelity to the design and implementation plan will be achieved, and how results will be assessed as valid, i.e., construct validity. The application must include strategies for data management, data processing and clean-up, quality control, and data retention.

Identify specific sources for collection of data (e.g., interviews with key informants, client records, patients/clients), and the method of data collection for each source (e.g., in-person interviews, telephone interviews, records review). Describe the data collection plan (specify when and by whom data will be collected with each instrument) from each data source. Discuss how data collection will be sensitive to age, ethnic, cultural, language, and gender consideration.

Discuss the appropriateness and psychometric properties of the instruments that will be used to measure systems, program, and client variables for the population(s) being assessed (e.g., reliability, validity, appropriately normed, used for this population in other research, standard measure for this purpose). Attend particularly to age, gender, and cultural appropriateness of client-level instruments. Describe plans to obtain verification of self-reported substance abuse through biological analysis and/or other informants.

Present plans for obtaining qualitative information relevant to the evaluation/analysis, and how such information will be used, if appropriate.

Describe the relationship between quantitative and qualitative data, major study questions, and analytic techniques to be employed. Provide a general description of how data will be analyzed, specifying the analytic techniques appropriate for various types of data (e.g., cluster analysis, survival analysis/competing risk modeling, specific linear regression approaches, etc.), and the tests of significance, if any, appropriate to the data and hypotheses proposed (e.g., parametric/nonparametric, special tests for qualitative data, etc.). (The applicant should assume that the data analysis activity will be reviewed and possibly revised as the project proceeds.)

Describe how the findings will be reported and disseminated to multiple audiences.

Present the anticipated use of findings to improve the treatment system(s). Specify the planned benefit to the outpatient substance abuse treatment provider(s) that will outlast the project itself.

CSAT expects that both interventions and evaluations/assessments will be culturally competent. The applicant must show how cultural competence of services and evaluations will be defined, ensured, and assessed.

C. PROJECT MANAGEMENT: IMPLEMENTATION PLAN, ORGANIZATION, STAFF, EQUIPMENT/FACILITIES, BUDGET, AND OTHER SUPPORT

Implementation Plan:

The applicant must present a plan for management of the project including: how multi-agency and/or -system arrangements will be implemented and overseen; how staff will be recruited and selected; a schedule and timeline of activities, events, reports, and products; and the organization of the project with comments on any changes that are likely to occur as the project goes forward. The plan must be realistic and practicable, as well as culturally appropriate.

If multi-agency linkages and/or referral arrangements are part of the proposed project, the applicant must demonstrate and document the practicality, adequacy and appropriateness of these arrangements.

Organization Capability:

The application must include a specific description of the outpatient treatment provider's experience with co-occurring clients and with activities similar to the proposed project; whether the treatment modality is specifically designed for co-occurring clients or co-occurring disorders are coincidental; admission and eligibility criteria; assessment approaches and instruments; followup procedures; linkages with other service/treatment providers; and experience with costs and financial management. This description must cover at least two years, and be quantitative wherever possible.

If the applicant is not the substance abuse treatment provider, its organizational capability must also be presented parallel to that of the treatment provider including a description of the ongoing relationships between the two entities, and including specification of the long-term benefits to the treatment provider, if appropriate. The applicant must discuss the appropriateness and extent of collaboration between the proposed project and other services, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or other organizations.

Timely, seamless, and well-coordinated service delivery and data collection must be demonstrated by effective, documented interagency services/coordination

relationships and arrangements.

The feasibility of the overall management plan, time frames, and resources (staffing, consultants, collaborating agencies, facilities, and equipment) for accomplishing the project as proposed must be shown.

Staff and Staffing Plans:

The applicant must provide a brief presentation of the proposed staffing for the project, showing both staff and consulting/supporting positions/roles, and provide brief job descriptions and resumés for persons already identified for the project. As appropriate, discuss decisions about staffing, qualifications and skills, etc., that involved choosing among alternative resources. The staffing plan must address cultural competence of the project staff.

Equipment and Facilities:

The applicant must describe facilities and equipment that will be made available to the project, and any equipment that will have to be procured for the project. Equipment and facilities must be shown to be adequate to the proposed project activities, accessible to the target population(s), and conducive to their utilization in terms of the culture and concerns of the target population(s).

Budget and Other Support:

The applicant must include a line-item budget according to the instructions in Part II. The travel budget category must include a line item for up to four persons to travel to Washington, DC, twice each year for two days of consultation on each occasion.

The applicant must describe any other support for the project (e.g., program income, in-kind services or other resources). Provide the value for each such support element, and include these values in the budget presentation, if appropriate.

(Exhibits for this section (e.g., timelines, organization/staffing/flow charts, etc.) must be included in Appendix 3 of the application.)

Post Award Requirements:

Awardees must report regularly to CSAT; a quarterly written report is required. The fourth quarterly report of each year will be an annual report and will cover the entire year. A final report is also required, summarizing project progress, problems, alterations in approaches used, and involvement of target population(s). Government Performance and Results Act (GPRA) measures are required, as specified in Appendix ACCSAT's GPRA Strategy and CSAT GPRA Client Outcome Measures. Grantees are expected to comply with GPRA including but not limited to the collection of SAMHSA's Core Client Outcomes. Applicants should state the procedures that they will put in place to ensure compliance with GPRA and the collection of Core Client Outcomes at

baseline, 6 and 12 month followups. All planned products must be delivered to, and approved by, CSAT by the end of the project term, including all project data.

Up to two grantee workshops will be held each year, presumably in the Washington, DC, metropolitan area. Up to four project staff or consultants should attend: the project director, principal investigator or research/evaluation director, clinical director, and a management/administrative person. Depending on the organization and structure of the project, both substance abuse and mental health may have to be represented.

SECTION IV C REVIEW OF APPLICATIONS

GUIDELINES

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The review criteria A-C below correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore, it is important for applicants to follow carefully the outline, headings, and subheadings when providing the requested information.

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. **The bulleted statements that follow each review criterion do not have weights.** The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

REVIEW CRITERIA

A. Project Description (25 Points)

Documentation of Problem

- \$ Extent to which the problem was adequately defined, and supported by data and by the literature.

Target Population(s)

- \$ Extent to which the targeted population(s) is(are) clearly defined and appropriate, with specification of types of substance abuse and mental health problems, their nature and severity, and cultural and ethnic characteristics.
- \$ Extent to which the proposed approach relates appropriately to the needs and characteristics of the target population(s) and their particular substance abuse and co-occurring mental health problem(s).
- \$ If applicable, the extent to which adequate justification for exclusion was demonstrated.

Purpose and Goals

- \$ Extent to which the applicant demonstrates an understanding of the goal of the program as defined in this GFA and how the proposed project, if fully successful, would contribute to achieving this goal.
- \$ Extent to which the proposed project purpose moves to resolution or resolves the stated problem.
- \$ Extent to which the achievement of the goals of the proposed project would advance the field, be assessed as innovative, and/or expand capacity.

B. Project Plan (45 Points)

Project Approach

- \$ Extent to which the project plan will meet the needs of the target population(s) in the target area and appropriately addresses age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues in the proposed design activities such as models, outreach, intervention, case management, and/or treatment services, including appropriate adaptations.
- \$ Extent to which the application describes and documents linkages with other service/treatment providers and systems, that are appropriate for the nature and needs of the target population(s) (including other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or organizations) and the model proposed.
- \$ Extent to which the project plan demonstrates the involvement of representatives of the target population(s) and their families in the conception

and planned implementation of the project, and in interpretation of the findings.

Methodology/Evaluation

- \$ Extent to which the applicant demonstrates that the methodology is conducive and appropriate to the study questions, and appropriate for the target population(s).
- C Extent to which the proposed project can assess adherence/fidelity to the intervention design and implementation plan, and can assure validity of results.
- \$ Appropriateness of strategies for documenting adaptations made to the instruments, interventions, and/or implementation plan.
- \$ Extent to which the applicant has strategies for documenting the project for purposes of future replication.

Data Collection, Analyses and Reporting

- \$ Validity and reliability of existing evaluation measures selected, and/or strategies for obtaining validity and reliability of measures to be developed.
- \$ Appropriateness of the evaluation measures for the target population(s).
- \$ Appropriateness of identified data to demonstrate results and accomplishment of the purpose and goals of the project and program.
- \$ Extent to which the proposed project can supply the necessary agency GPRA measures, including core client outcome measures.
- \$ Extent to which the applicant demonstrates the ability to recruit and retain the target population(s) at the study site(s), for the intended services or data collection.
- C Appropriateness of strategies to ensure quality data that are documented and portable for statistical data analysis at other locations.
- \$ Appropriateness of strategies for data management, data processing and clean-up, quality control, and data retention. Appropriateness of statistical strategies to control for bias and confounding variables.
- \$ Appropriateness of the adaptation made to the instruments, interventions, and/or implementation plan.

- C Adequacy and appropriateness of the plan to develop the proposed products.
- \$ Feasibility of the proposed long-term benefit(s) to the substance abuse treatment provider(s).

C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, Budget, and Other Support (30 Points)

Implementation Plan

- \$ Extent to which the proposed implementation plan reflects the project design.
- \$ Practicability, adequacy, and appropriateness of linkage/referral arrangements, as appropriate.
- C Extent to which the proposed implementation plan is achievable and realistic, within the time and resources allowed, and with the clinical and evaluation expertise available.

Organization Capability

- \$ Capability and experience of the applicant organization with similar projects and populations.
- \$ If the applicant is not the substance abuse treatment provider, adequacy and appropriateness of proposed oversight and coordination arrangements with the treatment provider.
- C Extent to which interagency service/coordination relationships and arrangements assure timely, seamless, and well-coordinated service delivery and data collection.

Staff and Staffing Plans

- \$ Evidence that the proposed clinical and evaluation staffing pattern is appropriate and adequate for implementation of the project.
- C Qualifications and experience of the project director and other key personnel, including the evaluation staff.
- C Capability, experience, and evidence of commitment of proposed consultants and subcontractors.
- \$ Extent to which the staff's qualifications and experience are appropriate and adequate for the target population(s) or can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual

orientation, and other cultural factors related to the target population(s).

- C Extent to which proposed staff is appropriately equipped for the proposed project, and available to respond to its demands, including availability, skill mix, staff support and development, etc.

Equipment/Facilities

- \$ Adequacy and availability of resources and equipment.
- \$ Evidence that the activities or services are provided in a location/facility that is adequate and accessible, and the environment is conducive to the population(s) to be served.
- C Appropriateness of the facility to service delivery and data collection to the culture, concerns, and specific needs of the target population(s).

Budget and Other Support

- \$ Adequacy of additional resources not included in this grant application budget request that will be utilized to implement this project, if applicable.

Note: Although the reasonableness and appropriateness of the proposed budget for each year of the proposed work are not review criteria for this GFA, the IRG will be asked to consider these after the merits of the applications have been considered.

SECTION VC SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this program include:

- \$ Population Inclusion Requirement
- \$ Government Performance Monitoring
- \$ Healthy People 2000 (The Healthy People 2000 priority areas related to this program are Alcohol and Other Drug Abuse and Mental Health and Mental Disorders.)
- \$ Consumer Bill of Rights
- \$ Promoting Nonuse of Tobacco
- \$ Non-Supplantation of Existing Funds (Include documentation in Appendix 4)
- \$ Letter of Intent
- \$ Coordination with Other Federal/Non-Federal Programs (Include documentation in Appendix 5)
- \$ Single State Agency Coordination (Include documentation in Appendix 6)

- \$ Intergovernmental Review (E.O. 12372)
- \$ Confidentiality/Human Subjects Protection

The SAMHSA CSAT Director has determined that projects funded under this program must meet Human Subjects requirements.

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

SECTION VIC APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99) which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

TI 00-002, The Co-Occurring Disorders Study

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to 20817.

The required components of the application kit, including PHS 5161-1 and SF424 are available for electronic downloading through SAMHSA's Webpage at <http://www.samhsa.gov>.

Complete application kits for this program may also be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number (800) 729-6686. The address for NCADI is provided in Part II.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

<u>Receipt Date</u>	<u>IRG Review</u>	<u>Council Review</u>	<u>Earliest Start Date</u>
May 23, 2000	July, 2000	September, 2000	September, 2000

Applications must be received by the above receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing (NOTE: These instructions replace the ~~ALate Applications@~~instructions found in the PHS 5161-1.)

CONSEQUENCES OF LATE SUBMISSION

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

APPLICATION REQUIREMENTS/COMPONENT CHECKLIST

All applicants must use the Public Health Service (PHS) Grant Application Form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

1. Program Description
2. Project Requirements
3. Review of Applications

Note: It is requested that on a separate sheet of paper the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information

is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A COMPLETE application consists of the following components IN THE ORDER SPECIFIED BELOW. A description of each of these components can be found in Part II.

_____FACE PAGE FOR THE PHS 5161-1 (Standard Form 424CSee Appendix A in Part II for instructions.)

_____OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)

_____ABSTRACT (not to exceed 35 lines)

_____TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

_____BUDGET FORM (Standard Form 424ACSee Appendix B in Part II for instructions.)

_____PROGRAM NARRATIVE (The information requested for Sections A-C of the Program Narrative is discussed in the subsections with the same titles in Section IIICProject Requirements, and Section IVCReview of Applications. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

- _____A. Project Description: Documentation of Problem, Target Population(s), Purpose and Goals
- _____B. Project Plan: Project Approach, Methodology/Evaluation, Data Collection, Analyses, and Reporting
- _____C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, Budget, and Other Support

There are no page limits for the following sections D-G except as noted in F. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25-page limitation for Sections A-C.

- _____D. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)
- _____E. Budget Justification/Existing Resources/Other Support

- _____ Sections B, C, and E of Standard Form 424A must be filled out according to the instructions in Part II, Appendix B.
- _____ A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).
- _____ All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support: AOther Support@refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding Aother support,@ i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state Anone.@ For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested
4. Brief description of the project
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

- _____F. Biographical Sketches/Job Descriptions
A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed 2 pages in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed 1 page

in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

_____G. Confidentiality/Protection of Human Subjects

The information provided in this section will be used to determine whether the level of protection of human subjects appears adequate or whether further provisions are needed, according to standards set forth in Title 45, Part 46, of the Code of Federal Regulations. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below.

Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of human subjects, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

(a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.

(b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

(c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

(d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such as pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 7, entitled **AData Collection Instruments/Interview Protocols**, copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for persons whose first language is not English.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 8, entitled **A**Sample Consent Forms.® If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for

participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

____APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices CANNOT EXCEED 30 PAGES, excluding all instruments.)

- ____Appendix 1: Two-Year History/Data Collection History Documentation
- ____Appendix 2: Licensure/Accreditation Documentation
- ____Appendix 3: Project Management Exhibits
- ____Appendix 4: Non-Supplantation of Funds Documentation
- ____Appendix 5: Coordination with Other Federal/Non-Federal Programs
- ____Appendix 6: Single State Agency Coordination
- ____Appendix 7: Data Collection Instruments/Interview Protocols
- ____Appendix 8: Sample Consent Forms

____ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

____CERTIFICATIONS

____DISCLOSURE OF LOBBYING ACTIVITIES

____CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA Client Outcome and Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CSAT National Advisory Council review process.

Other award criteria will include:

- \$ Availability of funds;
- C Priority for projects proposing to evaluate models designed specifically to meet the needs of the specified target population(s), and that are gender-specific and ethnically/culturally appropriate;
- C Evidence of non-supplantation of funds;
- C Overall program balance in terms of geography, including rural/urban areas, and in terms of age and race/ethnicity of the proposed project populations.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Edith Jungblut, Project Officer
Division of Practice and Systems Development
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6669

Questions regarding grants management issues may be directed to:

Christine Chen, Grants Management Officer
Division of Grants Management, OPS

Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
5600 Fishers Lane
Rockville, MD 20857
(301) 443-8926

**APPENDIX A: CSAT=S STRATEGY/CSAT GPRA CLIENT OUTCOME MEASURES FOR
DISCRETIONARY GRANTS**

CSAT=s GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law 103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to Aexplain@their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President=s Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or Aas needed@to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. ¹
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

¹GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded

at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these Aend@outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs APROGRAMS@ FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or Aprogrammatic goals@ for GPRA reporting purposes:

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice;
- ! Goal 4: Enhance service system performance²

The following table provides the crosswalk between the budget/statutory authorities and the Aprograms@.

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		

²Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

Goal 3	X			
Goal 4			X	X

KD - Knowledge Development

SAPTBG - Substance Abuse Prevention and Treatment Block Grant

KA - Knowledge Application

TCE - Targeted Capacity Expansion

NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.³ In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

\$ Number of clients served (unduplicated)

\$ Increase % of adults receiving services who:

- (a) were currently employed or engaged in productive activities;
- (b) had a permanent place to live in the community;
- (c) had no/reduced involvement with the criminal justice system.

\$ Percent decrease in

- (a) Alcohol use;
- (b) Marijuana use;
- (c) Cocaine use;
- (d) Amphetamine use
- (e) Opiate use

³Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for services@programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

\$ Increase % of States that express satisfaction with TA provided

\$ Increase % of TA events that result in systems, program or practice improvements

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
 - a) were currently employed or engaged in productive activities
 - b) had a permanent place to live in the community
 - c) had reduced involvement with the criminal justice system
 - d) had no past month use of illegal drugs or misuse of prescription drugs
 - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
- ! Percent of children/adolescents under age 18 receiving services who:
 - a) were attending school
 - b) were residing in a stable living environment
 - c) had no involvement in the juvenile justice system
 - d) had no past month use of alcohol or illegal drugs
 - e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This program or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or field reviewers, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).⁴ In addition, input on other topics (such as what additional work in the area may be needed, substantive and AKD process lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

⁴The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

This Aprogram@ involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.⁵ Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

⁵Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see AEnhance Service System Performance,@below).

Activities in this program have the purpose of moving Abest practices,@ as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a Abest practice.@⁶ In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from APromote the adoption of best practices@primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on Asystems@rather than more broadly on Aservices.@ The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of APromoting the adoption of best practices.@"

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected

⁶Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to Areal@management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Form Approved
OMB No. 0930-xxxx
Expiration Date _____

CSAT GPRA Client Outcome Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-xxxx.

A. RECORD MANAGEMENT

Client ID | | | | | | | | | | | | | |

Contract/Grant ID | | | | | | | | | | | | | |

Grant Year | | |
Year

Interview Date | | | | / | | | | / | | | |

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

- | 1. | During the past 30 days how many days have you used the following: | Number of Days |
|----|--|----------------|
| a. | Any Alcohol | |
| b. | Alcohol to intoxication (5+drinks in one setting) | |
| | | |
| c. | Other illegal drugs | |
-
- | 2. | During the past 30 days how many day have you used any of the following: | Number of Days |
|----|---|----------------|
| a. | Cocaine/Crack | |
| b. | Marijuana/Hashish, Pot | |
| c. | Heroin or other opiates | |
| d. | Non prescription methadone | |
| e. | PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline..... | |
| f. | Methamphetamine or other amphetamines, Uppers | |
| g. | Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics | |
| h. | Inhalants, poppers, rush, whippets | |
| i. | Other Drugs--Specify _____ | |

3. In the past 30days have you injected drugs? ☐ Yes ☐ No

C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**
 - ☐ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
 - ☐ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
 - ☐ Institution (hospital., nursing home, jail/prison)
 - ☐ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. **During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?**
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely

3. **During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely

4. **During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]
 - ☐ Not enrolled
 - ☐ Enrolled, full time
 - ☐ Enrolled, part time
 - ☐ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree?
[01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|_|_| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

☐ Yes ☐ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ☐ Employed full time (35+ hours per week, or would have been)
☐ Employed part time
☐ Unemployed, looking for work
☐ Unemployed, disabled
☐ Unemployed, Volunteer work
☐ Unemployed, Retired
☐ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from Y

		INCOME					
a. Wages	\$,		.00
Public assistance.....	\$,		.00
Retirement	\$,		.00
Disability.....	\$,		.00
Non-legal income	\$,		.00
Other _____ (Specify)	\$,		.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |_|_| times
2. In the past 30 days, how many times have you been arrested for drug-related offenses? |_|_| times
3. In the past 30 days, how many nights have you spent in jail/prison? |_|_| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:

	No	Yes ±	If yes, altogether for how many nights (DK= 98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

b. Outpatient Treatment for:

	No	Yes ±	If yes, altogether how many times (DK= 98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

c. Emergency Room Treatment for:

	No	Yes ±	If yes, altogether for how many times (DK= 98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ☐ Male
☐ Female
☐ Other (please specify) _____

2. Are you Hispanic or Latino?

- ☐ Yes ☐ No

3. What is your race?

- ☐ Black or African American ☐ Alaska Native

- ☐ Asian
- ☐ American Indian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other (Specify) _____

4. What is your date of birth? |__| |__| / |__| |__| / |__| |__| Month /
 Day / Year

APPENDIX B: REFERENCES

Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, **A**Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse,[@]Treatment Improvement Protocol (TIP) Series, Number 9, 1994. DHHS Publication No. (SMA) 95-3061.

ANational Dialogue on Co-Occurring Mental and Substance Abuse Disorders,[@] proceedings of a joint meeting of the National Association of State Mental Health Program Directors and the National Association of State Alcohol and Drug Abuse Directors, sponsored by the Center for Substance Abuse Treatment, the Center for Mental Health Services, and the Substance Abuse and Mental Health Services Administration, 16-17 June 1998.

Office of Applied Studies, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, **A**National Household Survey on Drug Abuse: Population Estimates 1998,[@]1999. DHHS Publication No. (SMA) 99-3327.

Office of Applied Studies, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, **A**Treatment Episode Data Set (TEDS), 1992-1997: National Admissions to Substance Abuse Treatment Services,[@]1999. DHHS Publication No. (SMA) 99-3324.